

Application for Federal Assistance SF-424***1. Type of Submission:**

- ☐ Preapplication
☐ Application
☐ Changed/Corrected Application

***2. Type of Application:** * If Revision, select appropriate letter(s):

- ☐ New
☐ Continuation
☐ Revision

***Other (Specify):**
_____*** 3. Date Received:****4. Applicant Identifier:****5a. Federal Entity Identifier:*****5b. Federal Award Identifier:****State Use Only:****6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:*****a. Legal Name:*****b. Employer/Taxpayer Identification Number (EIN/TIN):*****c. Organizational DUNS:****d. Address:*****Street 1:** _____

Street 2: _____

***City:** _____

County/Parish: _____

***State:** _____

Province: _____

Country:** _____Zip / Postal Code:** _____**e. Organizational Unit:**

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____

***First Name:** _____

Middle Name: _____

***Last Name:** _____

Suffix: _____

Title:

Organizational Affiliation:

***Telephone Number:**

Fax Number:

***Email:**

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

*a. Applicant:

*b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date:

*b. End Date:

18. Estimated Funding (\$):

*a. Federal \$

*b. Applicant \$

*c. State \$

*d. Local \$

*e. Other \$

*f. Program Income \$

*g. TOTAL \$

19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☐ No

If "Yes", provide explanation and attach.

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)**

☐ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: _____

*First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

*Title: President

*Telephone Number: _____

Fax Number: _____

* Email: _____

*Signature of Authorized Representative: _____

*Date Signed: _____